



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7067

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/630,046  | <b>FILING OR 371(c) DATE</b><br>07/30/2003<br><b>RULE</b>   | <b>CLASS</b><br>607           | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>8793-52150 |                                |
| <b>APPLICANTS</b><br>Anna L. Easter, Little Rock, AR;   |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/405,579 08/23/2002   |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 10/24/2003   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>AR | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>6                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>23720   |   |                               |   |  |                                |
| <b>TITLE</b><br>Rib fracture score and protocol   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |